

FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12980
3410

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:
(a) County
(b) City or town St Louis
(c) Name of hospital or institution Peoples Hospital
(d) Length of stay: In hospital or institution 2 Weeks
In this community years, months or days

3. (a) PRINT FULL NAME MAMIE O. TRICE
(b) If veteran, name war None (c) Social Security No. None

4. Sex Female 3 5. Color or race Negro
6. (b) Name of husband or wife Walter W. Trice
7. Birth date of deceased March 26 1871

8. AGE: Years 71 Months 03 Days 23 If less than one day hr. min

9. Birthplace St Louis Missouri

10. Usual occupation Housewife
11. Industry or business At Home

MOTHER FATHER { 12. Name John O. Smith
13. Birthplace Unknown 9
14. Maiden name Maria Brown
15. Birthplace Mississippi 1

16. (a) Informant Walter W. Trice
(b) Address 4040a Cook ave

17. (a) Burial (b) Date thereof 4/22/41
(c) Place: burial or cremation St Peters Cemetery

18. (a) Signature of funeral director C. W. Roberts
(b) Address 3035 Lucas ave

19. (a) APR 21 1941 (b) J. T. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St Louis 111
(d) Street No. 4040a Cook Ave 9
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 19 day Apr 1941 hour 10:54 P.M.
21. I hereby certify that I attended the deceased from Apr 1 1941 to Apr 19 1941
that I last saw her alive on Apr 19 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage
Due to: Arterio sclerosis
Other conditions: ✓ 80
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations: +
Of autopsy: +
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury 0
23. Signature M. P. Curtis (M. D. or other)
Address 11 N. Jefferson Ave Date signed 4-21

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

0
7
9

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Wm Claude Gordon

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Wm Claude Gordon

Licensed Embalmer No.....

3489

P. O. Address.....

2649 Welmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.